

**Speech-Language Pathology and Audiology Board**

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CONTINUING PROFESSIONAL DEVELOPMENT PROVIDER LICENSE RENEWAL

Please complete this entire form and return with the **\$200.00** to the address above. Do not send cash. Send a check or money order, made payable to: Speech-Language Pathology and Audiology Board or SLPAB.

PDP No.: _____

Company Name: _____

Contact Person: _____

Address: _____
(Street)

(City, State, Zip Code)

Telephone Number: _____

Would you like the address of record changed? _____ Yes _____ No

I swear under penalty of perjury under the laws of the State of California that the foregoing information is true and correct.

(SIGNATURE)

(DATE)

A faxed copy of this declaration shall be as valid as the original.